

CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS

I declare under penalty of law that to the best of my knowledge and belief, neither myself nor my business generates, stores, treats, or transports medical waste, as defined in the Medical Waste Management Act (California Health and Safety Code Section 117690). I agree to notify the El Dorado County Environmental Management Department prior to generating, storing, treating, or transporting medical waste.

Business Name: _____

Address: _____

City/State/Zip: _____

Owner/Operator: _____

Signature: _____ Date: _____

Please return this certification to:
Environmental Management Department
2850 Fairlane Ct., Building C
Placerville, CA 95667

CERTIFICATION FOR MEDICAL WASTE GENERATORS NOT REQUIRED TO REGISTER

I declare under penalty of law that to the best of my knowledge and belief, I do not generate more than 200 pounds medical waste per month. I also declare under penalty of the law that I will not be treating medical waste at my facility, nor will my staff or I be transporting untreated medical waste without the use of a registered medical waste hauler or a limited quantity hauling exemption. I understand that regardless of the quantity generated, all medical waste must be properly handled, stored, and treated prior to disposal.

Business Name: _____

Address: _____

City/State/Zip: _____

Owner/Operator: _____

Location of Common Storage Facility (if applicable):

Signature: _____ Date: _____

Please return this certification with the appropriate initial filing fee to:
Environmental Management Department
2850 Fairlane Ct., Building C, Placerville, CA 95667